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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTOR	ATTORNEY DOCKET NO.	
			EXAMINER		
			ART UNIT	PAPER NUMBER	
	INTER'	VIEW SUMMARY	DATE MAILED:		
participants (applicant, applicant's	representative, PTO personn	nel):			
John Engela	nann	(3)			
		(4)			
ite of Interview @ 10-24	<u>~3</u>				
pe: 🖵 Telephonic 🔲 Personal (copy is given to applicant	t applicant's representative).		
hibit shown or demonstration cond	lucted: Yes No If yes	s, brief description:			
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Since the Examiner's interview r jections and requirements the is considered to fulfill the responsible the interview unless box 1 abo	at may be present in the last C onse requirements of the last C	ny attachments) reflects a comp Office action, and since the claim Office action. Applicant is not r	ns are now allowable.	this completed form	
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M PTOL 413 (REV 1.06)			Roberto	V.78am	